OFFICE OF THE INSPECTOR GENERAL

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SNAPSHOT INSPECTION

COMMONWEALTH CENTER FOR CHILDREN AND ADOLESCENTS

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INSPECTOR GENERAL

OIG REPORT # 56-02

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Commonwealth Center for Children and Adolescents (CCCA) in Staunton, Virginia on March 6, 2002. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and activity of patients.

CCCA is the only state facility solely dedicated to the evaluation and treatment of persons under the age of eighteen. CCCA also serves the Commonwealth by conducting inpatient 10-day court ordered evaluations of children. The facility has a capacity of 48 beds.

Overall, the facility was noted to be safe, clean and provides a comfortable environment. There are four units, two for children and two for adolescents. All units are co-ed, though a nursing station separates the rooms that are occupied by one sex from the other. They do co- mingle in common areas but are prohibited from entering opposite sex bedroom or bathroom areas.

Staffing patterns were appropriate on the evening of this inspection. There were adequate numbers of staff present to safely and appropriately supervise these patients. CCCA operates 48 beds, the total census on the day of the visit was 38. There was a facility wide team building group activity going on in the gym for those who were able to leave their unit. Those who remained on the unit were generally there due to clinical instability. On the two adolescent units, the few patients remaining on the units were not engaged in formalized treatment activities at the time of the inspection.

Facility: Commonwealth Center for
Children and Adolescents
Staunton, Virginia

Date: March 6, 2002

Type of Inspection: Snapshot Inspection / Unannounced

Reviewers: Anita Everett, MD
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Purpose of the Inspection: To conduct an inspection of the general environmental conditions, staffing patterns and activities of the patients.

Sources of Information: Interviews were conducted with clinical staff, direct care staff and consenting residents. Documentation reviews, included but was not limited to; patient(s) clinical records, medication records, staff schedule sheets, program descriptions and activity/program schedules. Activities and staff/patient interactions were observed during a tour of selected residential areas in the facility.

GENERAL ENVIRONMENTAL ISSUES

Finding 1.1: Overall the facility was clean and well maintained but institutional in appearance.

Background: During this inspection, members of the OIG staff toured the facility during two shifts. This included a tour of the school area and living units. Overall, the facility was clean and well-maintained. The school area was noted to have a variety of pictures, including patient artwork, posters with affirmations, plants, maps and educational materials that created a visual contrast to the living areas which were sparsely decorated. This results in the living areas appearing more institutional. The common areas/dayroom contained furniture designed for function rather than comfort. It was noted that the bedroom areas on all the units were generally messy and not well maintained. This issue had been explored in a previous OIG report with the facility's plan to address room maintenance as a reasonable expectation. It was noted that the carpeting was frayed in the common area outside of the male bedrooms on Unit 3.

Recommendation: Continue to assure that the maintenance of the overall facility includes the general upkeep of the bedroom areas, as previously planned. Consider adapting the use of visual materials for decoration noted in the school area in the living areas.

STAFFING ISSUES

Finding 2.1: Staffing patterns were adequate.

Background: Observation of the staffing complement on the Wednesday evening shift during the inspection was that it was adequate.

Staffing patterns were as follows:

Unit 1	10 patients and 5 DSA, 1RN

Unit 2 8 patients and 5 DSA, 1 RN

Unit 3 11 patients and 2 DSA, 1 team leader, 1 Asst. Program Manager and 1 RN staff

Unit 4 9 patients and 4 DSA, 1 RN

(DSA = Direct Service Associate)

The team was informed that the staff patterns during the evenings for the aforementioned areas were consistent with those observed during the inspection.

Recommendation: Continue to provide adequate staffing patterns to meet the safety and treatment needs of the patients.

Finding 2.2: Staff had a wide range of clinical orientation to the management and treatment of children in this facility.

Background: During the course of the inspection multiple staff primarily from second shift were interviewed. Based on these interviews, there was wide variability in the philosophy regarding the optimal way to work with particular children. Some expressed the idea that discipline was all that was needed for these kids whereas other staff were more oriented toward providing treatment.

On the units where the clinical manager did work flex shifts into the evening there was more consistency in the clinical approach toward individual children. On the adolescent units in particular a number of very positive interactions with very challenging individuals were observed.

Clinical management at CCCA emphasizes the importance of creating a treatment environment (milieu) that is consistently structured, supportive and therapeutic. This is an ongoing challenge in a facility that treats individuals with mental illness and provides forensic evaluation or court ordered services for those who may or may not have a mental illness. The variability in range of staff philosophy was concerning because it is not consistent with the strong emphasis clinical management places on creating consistency within a treatment unit.

During the regular school year the majority of these children are in the school setting during the day and not on the treatment unit interacting with clinical staff. Combining this with the idea that most clinical staff who work to create and manage the mileu are present during the day shift, it is not surprising that there is variability in the approach toward some of these particularly intense children on night and evening shifts which is the time these children are on their units and most in need of a consistent structured and therapeutic environment.

There have been some shifts such that some treatment planning meetings are held late in the afternoon so that some staff from each of the day and evening shifts can participate. We encourage more consideration of the use of flex or other time scheduling such that even greater numbers of clinical staff are present on the units at the time when the children are on the units. One other consideration might be the altering of school hours such that they do not correspond with the hospital day shift.

Recommendation: Work to promote clinical consistency through creating opportunities for mentoring and modeling therapeutic interaction with staff from second and third shifts.

ACTIVE TREATMENT

Finding 3.1: Patients have access to education and evening activities.

Background: Patients are involved in a school program staffed by members of the City of Staunton school system during the day shift. This meets the educational requirements for instructions as required by law for school-aged children and adolescents. Active treatment activities occur during the late afternoon and evening hours. Interviews with activities therapists indicated that approximately 35 hours of activities are required for each patient during a seven-day period with 21 hours being designated as active treatment. Staff related that it was difficult to structure appropriate activities due to the variation of ages and cognitive ability of the patients. For example, the range of ages on the pre-adolescent unit was from the age of 12 to 17. The older patients were originally placed on the unit because the adolescent units were full at the time of their admissions. The OIG team was informed that the adolescent patients participated with their peers for most of the therapeutic activities but remained on the originating units because they had become familiar with the treatment teams.

Activities on the preadolescent unit during the evening shift were observed to be appropriate and designed to meet the acuity of the patients. Eight patients were observed participating in a socialization group that centered on the card game, “Spoons” while the remaining two patients on the unit that had limited attention spans and cognitive abilities were watching a movie with staff. It was explained that bedtime usually was 9:30pm. Bedtime activities including a relaxation group began around 9:00 pm.

There was a facility wide team building group activity going on in the gym for adolescents who were able to leave their units. Those who remained on the unit were generally there due to clinical instability. On the two adolescent units, the few patients remaining on the units were not engaged in formalized treatment activities at the time of the inspection

Recommendation: Enhance evening activities designed to meet the individual treatment needs of the patients. Review the practice admitting adolescents to the children’s units.

Finding 3.2: The observed use of restraints was inconsistent with the current DI recommendations that restraints either be utilized for acute emergency management or as a formalized part of an approved behavioral Management program.

Background: While touring the adolescent unit, a resident was observed to be in restraints. This resident stated he was not clear as to what he would have to do to be removed from the restraints other than "being good". He had been in restraints for several days at the time of the inspection. The proposed or draft Behavior Management plan was reviewed. This plan was being implemented by staff but had not been reviewed or approved by the facility Behavior Management Committee. The plan outlines successive removal of one restraint every three days for three days of evidence of: non-psychotic aggression, no verbalization of sexualized comments or no violent statements or threats. In order for this treatment plan to be successful, the patient has to be in a state wherein he is able to learn. References are made to his being psychotically unstable and impulsive which may render him incapable of benefiting from a treatment plan that is based on motivation and ability to learn over successive repeated three-day periods.

The clinical approach to this clearly challenging patient is not consistent with approaches currently in use at other state facilities in Virginia. Given the current population served by CCCA, this type of problem is not unique. It is essential that staff develop and maintain expert competency and proficiency in managing this type of situation.

Recommendation: Reconcile the existing the Departmental Instruction on Seclusion and Restraint with practice at CCCA. Consider consultation on particularly challenging individuals with in-state resources such as behavioral consultation teams in place at other facilities

Finding 3.3: For snack time, the majority of patients chose to purchase a canned soft drink and either potato chips or a candy bar.

Background: The team also observed snack time, which occurred following the structured activity. There were predominantly a variety of what would be considered to be unhealthy snacks present. This is in contrast to a number of the adult mental health facilities in Virginia that are taking a very proactive stance in promoting healthy eating habits through healthy snack availability. (Central State Hospital has developed an extensive project relating to healthy snack availability.)

Recommendation: Review the appropriateness of the choices available for the children and adolescents during evening snack time.